

PART B - FEE(S) TRANSMITTAL



Complete an send sis form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as m

) TO	IIIPI NUL	I her State S AUT SORIZE Daddre transite To DEPOSIT	Co	rtificate of Mailing or Tran	for domestic mailings of the for any other accompanying tent or formal drawing, must asmission and deposited with the United rst class mail in an envelope s above, or being facsimile date indicated below. (Depositor's name) (Signature)
APPLICATION NO. FILING DATE	FIRS	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/048,230 01/29/2002		Noriyuki Ohnishi		2002-0104A	4499
APPLN. TYPE SMALL ENTITY	ISSUE FEE	PUBLIC	ATION FEE	TOTAL FEE(S) DUE	DATE DUE
	\$1400	TOBER	\$0	\$1400	08/12/2005
nonprovisional NO	\$1400			* * * * * * * * * * * * * * * * * * * *	2 00000050 10048230
EXAMINER	ART UNIT	CLASS-S	SUBCLASS	01 FC:1501	
CEPERLEY, MARY		436-531000 F VI FL:1301		A1 LC:13A1	1400.00
 Change of correspondence address or indication of CFR 1.363). 	` 1	2. For printing on the pa (1) the names of up to 3	registered pater	_{nt attornavs} l wend	eroth, Lind
Change of correspondence address (or Change Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" In PTO/SB/47; Rev 03-02 or more recent) attached. Number is required.	of Correspondence of (i) lication form the control of the control	or agents OR, alternative (2) the name of a single registered attorney or age 2 registered patent attorn isted, no name will be p	firm (having as a ent) and the namers or agents. If		
Change of correspondence address (or Change Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" In PTO/SB/47; Rev 03-02 or more recent) attached. Number is required. ASSIGNEE NAME AND RESIDENCE DATA To	of Correspondence of Correspon	or agents OR, alternative (2) the name of a single registered attorney or age 2 registered patent attorn isted, no name will be patent PATENT (print or type	firm (having as ent) and the name eys or agents. If rinted.	a member a 2nes of up to no name is 3	
Change of correspondence address (or Change Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" In PTO/SB/47; Rev 03-02 or more recent) attached. Number is required. ASSIGNEE NAME AND RESIDENCE DATA To	of Correspondence of Correspon	or agents OR, alternative (2) the name of a single registered attorney or age 2 registered patent attorn isted, no name will be patent PATENT (print or type	firm (having as ent) and the name eys or agents. If rinted.	a member a 2nes of up to no name is 3	
Change of correspondence address (or Change Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" In PTO/SB/47; Rev 03-02 or more recent) attached. Number is required.	of Correspondence of Correspondence of Correspondence of Citication form use of a Customer of Citication of Customer of Citication of Customer of Citication of Correspondence of Citication of Citication of Correspondence of Citication of Ci	or agents OR, alternative 2) the name of a single egistered attorney or ag registered patent attorn isted, no name will be p PATENT (print or type a will appear on the pat substitute for filing an ac	firm (having as ent) and the nameys or agents. If rinted.	a member a nes of up to no name is 3	
Change of correspondence address (or Change Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" In PTO/SB/47; Rev 03-02 or more recent) attached. Number is required. ASSIGNEE NAME AND RESIDENCE DATA TO PLEASE NOTE: Unless an assignee is identifier recordation as set forth in 37 CFR 3.11. Completing	of Correspondence of Correspondence of Correspondence of Citication form use of a Customer of Citication of Customer of Citication of Customer of Citication of Customer of Citication o	or agents OR, alternative (2) the name of a single registered attorney or age? registered patent attornisted, no name will be pt. PATENT (print or type a will appear on the parsubstitute for filing an action of the part of the parsubstitute for filing and action of the parsubstitute for filing action of the parsubstitute for	firm (having as ent) and the namely or agents. If rinted. ent. If an assignment. STATE OR COOK by Japa	a member a 2enes of up to no name is 3enee is identified below, the cuntry)	
Change of correspondence address (or Change Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" In PTO/SB/47; Rev 03-02 or more recent) attached. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO PLEASE NOTE: Unless an assignee is identified recordation as set forth in 37 CFR 3.11. Completically NAME OF ASSIGNEE (1) NATIONAL INSTITUTE OF SCIENCE AND TECHNOLOGY (2) JAPAN CHEMICAL INNOVAT Please check the appropriate assignee category or categor	of Correspondence of Correspon	or agents OR, alternative (2) the name of a single registered attorney or age 2 registered patent attorn isted, no name will be p PATENT (print or type a will appear on the pat substitute for filing an ac ESIDENCE: (CITY and STRIAL To d on the patent):	firm (having as ent) and the namely or agents. If rinted. ent. If an assignment. STATE OR COL kyo, Japa	a member a 2enes of up to no name is 3enee is identified below, the cuntry)	document has been filed for
Change of correspondence address (or Change Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" In PTO/SB/47; Rev 03-02 or more recent) attached. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO PLEASE NOTE: Unless an assignee is identifier recordation as set forth in 37 CFR 3.11. Completically NAME OF ASSIGNEE (1) NATIONAL INSTITUTE OF SCIENCE AND TECHNOLOGY (2) JAPAN CHEMICAL INNOVAT Please check the appropriate assignee category or category and the following fee(s) are enclosed:	of Correspondence of Correspon	or agents OR, alternative (2) the name of a single registered attorney or age 2 registered patent attorn isted, no name will be p PATENT (print or type a will appear on the pat substitute for filing an ac ESIDENCE: (CITY and STRIAL To d on the patent):	firm (having as ent) and the name eys or agents. If rinted. ent. If an assign signment. STATE OR CO- kyo, Japa andividual	a member a les of up to no name is 3 here is identified below, the of UNTRY) an orporation or other private gr	document has been filed for
Change of correspondence address (or Change Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" In PTO/SB/47; Rev 03-02 or more recent) attached. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO PLEASE NOTE: Unless an assignee is identified recordation as set forth in 37 CFR 3.11. Completically NAME OF ASSIGNEE (1) NATIONAL INSTITUTE OF SCIENCE AND TECHNOLOGY (2) JAPAN CHEMICAL INNOVAT Please check the appropriate assignee category or categor	of Correspondence of Correspondence of Correspondence of Cication form Use of a Customer of Cication o	or agents OR, alternative (2) the name of a single registered attorney or age 2 registered patent attorn isted, no name will be p PATENT (print or type a will appear on the pat substitute for filing an ac ESIDENCE: (CITY and STRIAL To d on the patent):	firm (having as a ent) and the name eys or agents. If rinted.) ent. If an assign ssignment. STATE OR COOK kyo, Japa Akyo, Japa andividual	a member a les of up to no name is lee is identified below, the of untry) an an orporation or other private gr aclosed. Check No.	document has been filed for

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patcht and Trademark Office.

Authorized Signature

2005 Date

Typed or printed name Michael R. Davis

25,134 Registration No. _

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.